PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

Elicotive October 1, 2000													
			S FILED - PART (Column 1)		(Column 2)		SMAL TYPE	SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			29				RAT	Е	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			# minus 20=		. 38		X\$ 9)=		OR	X\$18=	4000-	
INDEPENDENT CLAIMS			6 min	nus 3 =	* -	3	X40	=		OR	X80=	240	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	-		·	+135	<u>;</u> =		OR	+270=	270	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TOT	٩L		OR	TOTAL		
	C	LAIMS AS A (Column 1)	AMENDED - PART II (Column 2) (Column 3)				SMALL ENTITY			OR	OTHER THAN SMALL ENTITY		
Е	· · · · · · · · · · · · · · · · · · ·	CLAIMS		HIGH		(Column 5)		_		1			
ENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	`X\$ 9	=		OR	X\$18=		
AME	Independent	*	Minus	***	F (C) A (A)	=	X40	=		OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+270=		
								TAL EE		OR	TOTAL ADDIT, FEE		
		ADDIT:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
AME	Independent	*	Minus	***	T CL AINA	=	X40	=		OR	X80=		
L_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIN		+135	;=		OR	+270=		
				٠		•	TO ADDIT.	TAL FE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	T. G. 200	=	X40	_	. "	OR	X80=		
L	FIRST PRESE	PENDEN	I CLAIM		J								
	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2. writ	e "0" in co	olumn 3.	+135			OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number

MAT-8106US

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Ellective October 1, 2000														
		CLAIMS AS	S FILED - PART ((Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAN		•		
то	TAL CLAIMS		29	7	F			RATE	FEE		RATE	FEE		
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	·710.00		
то	TAL CHARGEA	BLE CLAIMS	46minus 20=		* 26			X\$ 9=		OR	X\$18=	468.00)	
IND	EPENDENT CL	AIMS	6 mir	nus 3 =	* 3			X40=		OR	X80=	240.0)	
MULTIPLE DEPENDENT CLAIM PRESENT						Ø		+135=		OR	+270=	270.00)	
* If the difference in column 1 is less than zero, ente						olumn 2		TOTAL.		OR	TOTAL		o i	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OTHER THAN SMALL ENTITY				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NOM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***	T OL ALB4	=		X40=		OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE			
		<u>_</u>	ADDIT. I EE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
ENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY) FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
N P	Total	.10	Minus	**	46	= /		X\$ 9=		OR	X\$18=			
AMENDMENT	Independent	. 3	Minus	***	6	= /	1	X40=		OR	X80=			
	FIRST PRESE	NTATION OF M	OLTIPLE DEF	PENDEN	CLAIM		J	+135=		OR	+270=			
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDII. FEE		•	ADDIT: 1 CL			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	:	
N N	Total	*	Minus	**		=	_	X\$ 9=		OR	X\$18=			
AME	Independent	*	Minus	***	IT CLAIL	-	-	X40=		OR	X80=		ĺ	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +13									OR	+270=			
١.	If the entry in cole	ımn 1 ie loee than	the entry in colu	ımn 2 wri	ite "O" in co	olumn 3		TOTAL		1	TOTAL	┼──	i	

FORM PTO-875

(Rev. 8/00)

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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ADDIT. FEE